

RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION:

Bullock

State ID No. 187140

DOB 8/15/67

Race: Black

Sex:

Male

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP Siddiq	Date of request 3/25/05	Time of request 1800	Routine	Priority	Transportation or special needs
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HISTORY/DIAGNOSIS

X-Ray Skull. - Fell, hit frontal bone

X-RAY REQUEST

ABDOMEN/GENIT	FINGERS	MAXILLAR VIEW	SOFT TISSUE STUDIES
ACROMIO-CLAVICULAR JOINTS (W/NO WEIGHT)	FOOT	ORBIT	STERNUM
ANKLE	HAND	OS CALVUS (HEEL)	TEMPOROMANDIBULAR JOINTS
CERVICAL SPINE	HIP	PELVIS	THORACIC SPINE
CHEST PA / LATERAL	HUMERUS	RADIAULUMA	TRIANGLE
COCCIX	KNEE	KNEE	TOES
COME DOWN SELLA TURCICA	LUMBAR SPINE	SACRO-ILIAC JOINTS	WRIST
ELBOW	MANDIBLE	SCAPULA	Zygoma
FACIAL BONES	MAYLLA	SHOULDER	ZYGMATIC ARCH
FEVER	NASAL BONES	SKULL	

REPORT

Wright

SKULL: There is no evidence of fracture or calvarial defects. The sella turcica appears normal.

IMPRESSION: NORMAL SKULL.

Note: A normal skull examination does not exclude a significant intracranial pathology.

D & T: 03-01-05 Howard P. Schiele, M.D./rr Board Certified Radiologist (Signature on file)

John 3/1/05 FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
 NOT TO BE PHOTOCOPIED

X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED

Laboratory Corporation of America

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
338-205-5166-0	S	MB	COMPLETE	2
ADDITIONAL INFORMATION				
FASTING: N DOB: 8/15/1967				
PATIENT NAME WRIGHT,RICHARD	SEX M	AGE(YR./MOS.) 37 / 3		
PT. ADD.:				
DATE OF SPECIMEN 12/03/2004	TIME 13:09	DATE RECEIVED 12/03/2004	DATE REPORTED 12/04/2004	TIME 7:46
				260
TEST		RESULT	LIMITS	LAB

Changes (TLC)		Therapy	
CHD	<100	>100	>or=130
2+ Risk Factors	<130	>or=130	>or=130
0-1 Risk Factors	<160	>or=160	>or=190
T. Chol/HDL Ratio	3.0	ratio units	0.0 - 5.0
Estimated CHD Risk	< 0.5	times avg.	0.0 - 1.0
		T. Chol/HDL Ratio	
		Men	Women
1/2 Avg.Risk	3.4	3.3	
Avg.Risk	5.0	4.4	
2X Avg.Risk	9.6	7.1	
3X Avg.Risk	23.4	11.0	

The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of premature CHD.

Thyroid			MB
TSH	1.153	uIU/mL	MB
Thyroxine (T4)	9.0	ug/dL	MB
T3 Uptake	32	%	MB
Free Thyroxine Index	2.9		1.2 - 4.9
			MB
CBC, Platelet Ct, and Diff			MB
White Blood Cell (WBC) Count	5.3	x10E3/uL	4.0 - 10.5
Red Blood Cell (RBC) Count	5.12	x10E6/uL	4.10 - 5.60
Hemoglobin	16.1	g/dL	12.5 - 17.0
Hematocrit	46.7	%	36.0 - 50.0
MCV	91	fL	80 - 98
MCH	31.4	pg	27.0 - 34.0
MCHC	34.5	g/dL	32.0 - 36.0
RDW	12.8	%	11.7 - 15.0
Platelets	204	x10E3/uL	140 - 415
Neutrophils	55	%	40 - 74
Lymphs	34	%	14 - 46
Monocytes	9	%	4 - 13
Eos	1	%	0 - 7
Basos	1	%	0 - 3

Results are Flagged in Accordance with Age Dependent Reference Ranges
Continued on Next Page

Laboratory Corporation of America

SPECIMEN 338-205-5166-0	TYPE S	PRIMARY LAB MB	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION				
FASTING: N DOB: 8/15/1967				
PATIENT NAME WRIGHT, RICHARD	SEX M	AGE(YR./MOS.) 37 / 3		
PT. ADD.:				
DATE OF SPECIMEN 12/03/2004	TIME 13:09	DATE RECEIVED 12/03/2004	DATE REPORTED 12/04/2004	TIME 7:46
				260

CLINICAL INFORMATION	
CD-41167601262	
PHYSICIAN ID. SIDDIQ T	PATIENT ID. 187140
ACCOUNT: BULLOCK CORRECTIONAL FACILITY PRISON HEALTH SERVICES 104 Bullock Dr. Union Springs	AL 36089-5107
ACCOUNT NUMBER: 01389085	

TEST	RESULT	LIMITS	LAB
FOR PROFESSIONAL USE ONLY CONFIDENTIAL RECORD			
NOT FOR TELEPHONE COMMUNICATIONS			
CMP12+LP+TP+TSH+6AC+CBC/D/Plt			MB
Chemistries			
Glucose, Serum	76	65 - 99	MB
Uric Acid, Serum	3.2	mg/dL 2.4 - 8.2	MB
BUN	11	mg/dL 5 - 26	MB
Creatinine, Serum	1.0	mg/dL 0.5 - 1.5	MB
BUN/Creatinine Ratio	11	8 - 27	MB
Sodium, Serum	139	mmol/L 135 - 148	MB
Potassium, Serum	4.1	mmol/L 3.5 - 5.5	MB
Chloride, Serum	98	mmol/L 96 - 109	MB
Calcium, Serum	9.8	mg/dL 8.5 - 10.6	MB
Phosphorus, Serum	4.4	mg/dL 2.5 - 4.5	MB
Protein, Total, Serum	7.6	g/dL 6.0 - 8.5	MB
Albumin, Serum	4.7	g/dL 3.5 - 5.5	MB
Globulin, Total	2.9	g/dL 1.5 - 4.5	MB
A/G Ratio	1.6	1.1 - 2.5	MB
Bilirubin, Total	0.6	mg/dL 0.1 - 1.2	MB
Alkaline Phosphatase, Serum	84	IU/L 25 - 150	MB
LDH	174	IU/L 100 - 250	MB
AST (SGOT)	29	IU/L 0 - 40	MB
ALT (SGPT)	17	IU/L 0 - 40	MB
GGT	20	IU/L 0 - 65	MB
Iron, Serum	113	ug/dL 40 - 155	MB
		MB	
Lipids			MB
Cholesterol, Total	184	mg/dL 100 - 199	MB
Triglycerides	81	mg/dL 0 - 149	MB
> HDL Cholesterol	61 H	mg/dL 40 - 59	MB
		MB	

Comment
HDL cholesterol values >59 mg/dL are associated with reduced cardiac risk.

VLDL Cholesterol Cal 16 mg/dL 5 - 40
> LDL Cholesterol Calc 107 H mg/dL 0 - 99

Comment
If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors and refer to the ATP-III table below.

Risk Category LDL Goal LDL Level (mg/dL) LDL Level (mg/dL)
mg/dL at which to initiate at which to
Therapeutic Lifestyle consider Drug

Results are Flagged in Accordance with Age Dependent Reference Ranges
Continued on Next Page

12/10/2004

Laboratory Corporation of America

SPECIMEN 338-205-5166-0	TYPE S	PRIMARY LAB MB	REPORT STATUS COMPLETE	Page #: 3
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ADDITIONAL INFORMATION

 FASTING: N
 DOB: 8/15/1967

PATIENT NAME WRIGHT,RICHARD	SEX M	AGE(YR./MOS.) 37 / 3
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PT. ADD.:

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	260
12/03/2004	13:09	12/03/2004	12/04/2004	7:46	260

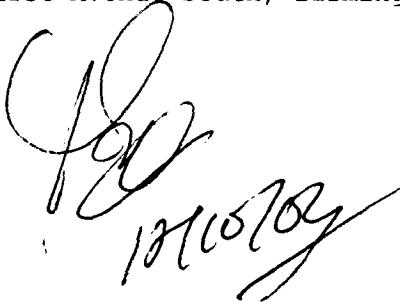
TEST	RESULT	LIMITS	LAB
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Neutrophils (Absolute)	2.9	x10E3/uL	1.8 - 7.8	MB
Lymphs (Absolute)	1.8	x10E3/uL	0.7 - 4.5	MB
Monocytes (Absolute)	0.5	x10E3/uL	0.1 - 1.0	MB
Eos (Absolute)	0.1	x10E3/uL	0.0 - 0.4	MB
Baso (Absolute)	0.1	x10E3/uL	0.0 - 0.2	MB

LAB: MB LabCorp Birmingham

1801 First Avenue South, Birmingham, AL 35233-0000

DIRECTOR: Arthur Kelly G MD



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U/A DIPSTICK REPORT

STATON HEALTH CARE UNIT

Name: Wright Richard AIS# 187140 R/S B/u

Facility: DCC DOB: 8/15/67 AGE: 32

Collection Date: 2/8/00 Time: 12:35

Annual Physical _____ Random _____ Repeat _____ Daily _____

After Rx Completion _____ Chronic Care Clinic Protocol _____

Urine Appearance: Color orange Clarity clear Odor o

UROBILINOGEN: NO Rm

GLUCOSE: o

KETONES: neg

BILIRUBIN: o(-)

PROTEIN: 3+ FOR PROFESSIONAL USE ONLY

CONFIDENTIAL RECORD

NOT TO BE PHOTOCOPIED

NITRATE: o

LEUKOCYTES: o

BLOOD: o HEMOLIZED: _____

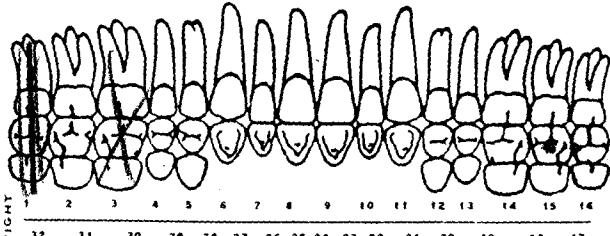
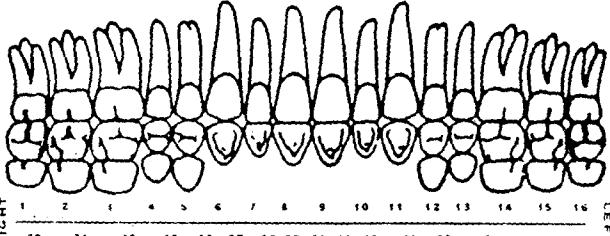
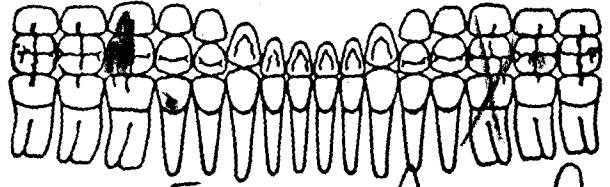
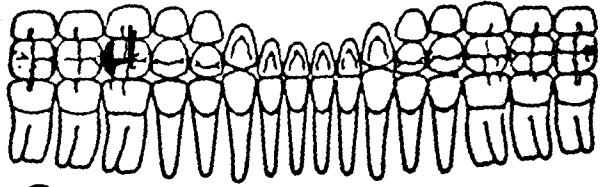
pH: 5

SPECIFIC GRAVITY: 1.030

WNL: _____ ABNORMAL: ✓

OBTAINING NURSE'S SIGNATURE: h/g/w DATE: 2/8/00

REVIEWING PHYSICIAN'S SIGNATURE: g/g/w DATE: 2/13/00

DENTAL EXAMINATION														RESTORATIONS AND TREATMENTS																			
																																	
RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	1	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
																																	
5-10-05 Annual exam																																	
Date of (BEP) Examination	6/17/96													Classification																			
Narrative Information																																	

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Wright, Richard Bm #187140

Services Rendered

Printed Last Name First Middle DOB R/S ID No.
Wright Richard

**CORRECTIONAL MEDICAL SERVICES
DENTAL TREATMENT RECORD**

Prison Health Services, Inc.

Inmate Grievance

Richard W Wright Sr, 187140
NAME AIS #

Bed #1 Dorm 6B July 15, 2005
UNIT DATE

PART A--Inmate Grievance

Need information / requested data concerning drug facts (sheet(s)) for (T.B. skin test medication). I have been neglected treatment (if any at all) concerning medical problems I consulted and relayed with this medical staff. I have been charged (medical co-payment) twice for the same medical problems I've previously requested treatment for on July 14, 2005, which visit were June 6, 2005 and again on June 20, 2005.

Richard Wright Sr.
INMATE SIGNATURE

PART B-RESPONSE

DATE RECEIVED

Medication insert given to inmate.

Mark HJM
P.H.S. Department Head Signature

7-18-05
DATE

If you wish to appeal this review you may request a Grievance Appeal form from the Health Services Administrator. Return the completed form to the attention of the; Health Service Administrator. You may place the form in the sick call request box or give it to the segregation sick call nurse on rounds.

H.S.A Selection:

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VII Problems with Medication	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VIII Request to be seen	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V Conduct of Healthcare Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Committee Review of Data Collection

STATE OF ALABAMA

Department of Corrections
Inmate Stationery

July 13, 2005

From: Inmate Wright, Richard W.
A.I.S # 187140 Dorm 6-B # 18

TO: Ms. Burks (Head Nurse)

Dear Ms. Burks,

ON July 13, 2005 I was given a money receipt showing another three (3) dollars was taken out of my prison account For Follow up treatment. I had been seen by the doctor on June 6, 2005 and again on June 20, 2005. I saw the doctor For the same symptoms (as follow up treatment). Would you send a notice to the business office informing such person or persons) to credit my prison account three(3) dollars For this additional Co-payment charge.

7/18
Rpt. to SCh. Lloyd
MS
7/18
Richard Wayne Wright, Sr.

Sincerely,

Richard Wayne Wright, Sr.

7-18-05
R.W.W.